

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A General Limitations

3.1-A Limitation

General Limitations

1. Prior authorization is required for out-of-state care with the exception of emergency care, services provided within 50 miles of the state border, and services provided to children in the care, custody, and control of the Department of Social and Rehabilitation Services.

Exceptions: Nursing facilities, intermediate care facilities, community mental health centers, partial hospitalization providers and alcohol and drug program providers are considered out-of-state if they are physically beyond the border even if less than 50 miles.

2. Cosmetic, pioneering, and experimental services and related services are not covered. Such services are defined by the Division of Medical Services.

State/Territory: Kansas

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☐ No limitations ☒ With limitations*

- 2.a. Outpatient hospital services.

Provided: ☐ No limitations ☒ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan).

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and x-ray services.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

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KANSAS MEDICAID STATE PLAN

Attachment 3.1-A

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State/Territory: Kansas

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations X With limitations *

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found. *

- 4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations X With limitations *

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No limitations X With limitations *

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations X With limitations *

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided: No limitations X With limitations *

* Description provided on attachment.

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State/Territory: Kansas

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

c. Chiropractors' services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of
limitations, if any.

☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health
agency or by a registered nurse when no home health agency exists in the
area.

Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the
home.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

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MS-85-38 & MS-85-15

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State/Territory: Kansas

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

*Description provided on attachment.

TN No. MS-91-41
Supersedes Approval Date Effective Date
TN No. MS-85-15

HCFA ID: 7986E

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services. *440-90*

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

10. Dental services. *440-100*

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

11. Physical therapy and related services. *440-110*

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or
audiologist).

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

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AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Dentures.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Prosthetic devices:

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Eyeglasses.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

TN No. MS-85-40
Supersedes
TN No. _____

Approval Date 8/22/85

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HCFA ID: 0069P/0002P

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- b. Screening services
- ☐ Provided: ☐ No limitations ☐ With limitations*
- ☒ Not provided.
- c. Preventive services
- ☐ Provided: ☐ No limitations ☐ With limitations*
- ☒ Not provided.
- d. Rehabilitative services.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
- b. Skilled nursing facility services.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
- c. Intermediate care facility services.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.

*Description provided on attachment.

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
17. Nurse-midwife services. *150 165*
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.
18. Hospice care (in accordance with section 1905(o) of the Act).
- ☒ Provided: ☐ No limitations ☒ With limitations*
- ☐ Not provided.

*Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE
CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a) (19) or section 1915(g) of the Act).

X Provided: X With limitations

___ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

___ Provided: ___ With limitations *

X Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

___ Additional coverage + +

- b. Services for any other medical conditions that may complicate pregnancy.

___ Additional coverage + +

+ + Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

* Description provided on attachment.